

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	114		
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	CM	71632	4-8-00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/21/02
2	✓	✓	11/21/02
3	✓	✓	11/21/02
4	✓	✓	11/21/02
5	✓	✓	11/21/02
6	✓	✓	11/21/02
7	✓	✓	11/21/02
8	✓	✓	11/21/02
9	✓	✓	11/21/02
10	✓	✓	11/21/02
11	✓	✓	11/21/02
12	✓	✓	11/21/02
13	✓	✓	11/21/02
14	✓	✓	11/21/02
15	✓	✓	11/21/02
16	✓	✓	11/21/02
17	✓	✓	11/21/02
18	✓	✓	11/21/02
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20	✓	✓	11/21/02
21	✓	✓	11/21/02
22	✓	✓	11/21/02
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25	✓	✓	11/21/02
26	✓	✓	11/21/02
27	✓	✓	11/21/02
28	✓	✓	11/21/02
29	✓	✓	11/21/02
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46	✓	✓	11/21/02
47	✓	✓	11/21/02
48	✓	✓	11/21/02
49	✓	✓	11/21/02
50	✓	✓	11/21/02

Claim	Final	Original	Date
51	✓	✓	11/21/02
52	✓	✓	11/21/02
53	✓	✓	11/21/02
54	-	-	11/21/02
55	✓	✓	11/21/02
56	✓	✓	11/21/02
57	✓	✓	11/21/02
58	✓	✓	11/21/02
59	✓	✓	11/21/02
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Claim	Final	Original	Date
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**Best Available Copy**

If more than 150 claims or 10 actions  
staple additional sheet here